ular case. Three illustrative cases are given. [Leonard J. Kidd (London, England).]

Hartung, M. U. GERMAN EXPERIENCES OF WAR NEUROSES. [Zeitschrift f. d. ges. Neur. v. Psych., vol. XL, Nos. 2-3, 1918.]

Of the innumerable papers published on war neuroses in Germany, this paper, according to the *British Medical Journal*, possesses the unusual merit of succinctness. In the course of a year he treated 780 cases at Thal, a military sanatorium for such cases. In 162 cases the patients suffered from hysterical paralysis, the lower limbs being twice as often affected as the upper. Atrophy of muscles and stiffness of joints were a common sequel in these cases to the misuse of splints and other appliances; in many instances considerable force was necessary to straighten deformed hands. About 98 per cent. of all the cases were cured by a combination of psychic and mechanical treatment. Tremor occurred in 28 per cent. of all cases, the parts most frequently affected being the head and upper limbs. Fine tremor was harder to cure than coarse, but a cure was ultimately effected in every case. Hysterical convulsions, which were observed in 8 per cent., were easily cured, either by suggestion combined with electricity, or simply by ignoring them. Disturbances of speech occurred in 5 per cent. of all cases and every one was cured. Hearing was affected only in 1 per cent., and in some cases the deafness had lasted for years. Recovery was effected in every case under a combination of suggestion and local treatment. The restoration of hearing was often instantaneous. Cardiac and respiratory neuroses were found only in 1.5 per cent., and the most common manifestations were tachycardia, dyspnea, and "heart cramp." The only patient in this category who failed to respond satisfactorily to treatment was also both deaf and imbecile. Neuroses of the digestive system comprised aërophagia, vomiting, "stomach cramp," eructations, and tympanites. They constituted 1.5 per cent. of the total, and all yielded satisfactorily to treatment with the exception of one patient, in whom vomiting proved intractable. The bladder neuroses, found in 1.5 per cent. of the total, consisted of incontinence in all but one case in which there was sphincter spasm; all were cured. Neurasthenia, in the strictest sense of the word, was present in 20 per cent. Hartung concludes that the principle of special hospitals for war neuroses has been fully justified, and insists that the atmosphere of military discipline in such institutions is of inestimable value in securing a high rate of recovery.

Nordman, Ch. OBSTINATE FORMS OF WAR DYSPEPSIA. [Paris médical, Nov. 30, 1918.]

Based upon an experience of some year and a half with dyspeptic patients in a military hospital Nordman states that whenever a patient fails to respond rapidly to rest, diet, and the remaining customary

measures, an organic irritative focus somewhere in the body must be sought. A pathogenic rôle of the neurosis which is usually superimposed on an organic lesion is not to be denied, but often an actual, detectable organic disease lurks behind the appearances of a gastro-neurosis or common dyspepsia. Thus it may be seen that this author like most others gets caught up in the static vicious circle idea and does not work out a dynamic psychology. While most dyspeptics exaggerate their discomforts, true malingerers are rather rare; where deceit is resorted to, it usually consists in the regular ingestion of purgative salts to keep up a diarrheal disturbance. Again, many war dyspeptics are merely individuals suffering from colitis with dyspepsia and secondary vomiting. Some are merely unrecognized amebic cases, in which the dysentery has come on slowly. Examination of the stools may have been negative; but upon repeated study of fresh material after administration of small doses of sodium sulphate or of iodized enemas, ameba may eventually be detected. A considerable number of the dyspeptics are cases of tuberculosis. Such a patient loses weight, becomes anemic and suffers from slow digestion. Chemical and X-ray studies of the stomach may be negative, and the patient improves temporarily when placed at rest and on a diet. A few months later, pulmonary tuberculosis is manifest and often irremediable. Regular temperature estimations and the noting of abnormal pulse frequency and irregularity and of a low blood pressure have often led the writer to the diagnosis of incipient tuberculosis among men previously considered simple dyspeptics. Finally, in some atypical cases of gastric ulcer with the lesion in the mid-gastric region and the pain and vomiting closely following upon ingestion of food or occurring irregularly, persistent failure of rest and strict dieting to relieve the pain should suggest ulcer, in which event operative treatment is nearly always indicated.

Saliba, J. ANTALGIC SPINAL DISTORTION. [Journal A. M. A., Feb. 22, 1919.]

Antalgic spinal distortion is a term used by John Saliba to denote an unnatural condition of the spinal column characterized by a misdirection of the normal attitude, a stooping with rounded shoulders and back, varying from slight curve to a decided deformity. The condition has received considerable attention by French writers, but the author has found no mention of it in the literature of this country, and in that of England he has found only one paper. Although the condition as an acquired one has been often observed in military life it is not unknown among civilians. Many surgeons have undoubtedly observed cases following operation or accident, especially in persons having a predisposition to hysterical or neurasthenic conditions. The main factor in its etiology is pain, which may be due to pathologic conditions or may be purely mental or functional. The change in position is adopted to re-